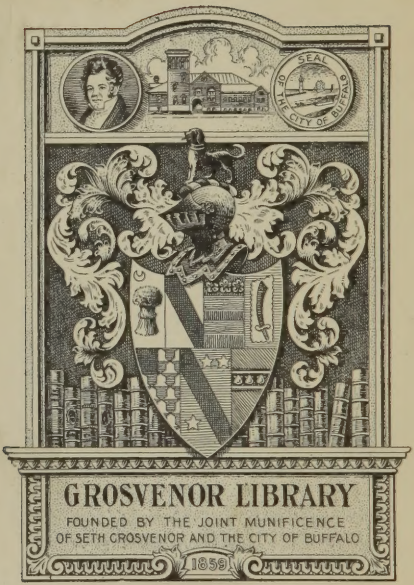
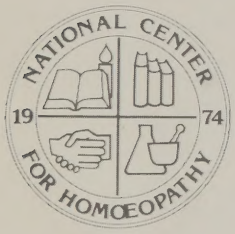
DISEASES OF THE EYE BY A. C. BECKER, M. D.

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DISEASES OF THE EYE,

TREATED HOMŒOPATHICALLY.

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FROM THE GERMAN.

BY

A. C. BECKER, M.D.

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DISEASES OF THE EYE.

By Ophthalmia is meant any, and every inflammation affecting the ball of the eye, its tunics, muscles, the eyelids, or lachrymal gland. Like every other inflammation, it varies in form, cause, character, complication, etc.

We will commence with *Ophthalmitis*, which is distinguished by its synochal character and intensity, and thence is also called Synochal Ophthalmia. Its symptoms are violent, deep-seated pains in the eyeball, redness, swelling, and spasmodic closing of the eyelids, aversion to light, dryness of the eyeball, headache, fever, and occasionally cerebral affections. Sometimes the inflammation reaches such a height, as to cause a protrusion of the eyeball.

This is Exophthalmia, which ought not to be confounded with Exophthalmos.

The causes of this affection are generally

of a mechanical nature, such as blows, pressure, contusions, etc.

The treatment is simply the usual antiphlogistic. The first remedy should be *Acon.*, in frequently-repeated doses, to be followed by Arnica, Digitalis, Conium, etc., according as the symptoms indicate one or the other remedy. Low diet is very important, all our endeavors being directed towards preventing the destruction of the eye.

Sometimes the Ophthalmitis is less deep-seated, less extensive and intense, or confined to certain parts of the eye only. If it affects the conjunctiva only, we call it conjunctivitis, if the iris, iritis.

Conjunctivitis is a usual accompaniment of Ophthalmia, but occurs also by itself. It is never so violent as Sclerotitis. It begins suddenly with a reddening of the conjunctiva, the vessels lying very superficially like little cords, seem injected, their diameter being enlarged; the cornea becomes turbid, greyish-white, and opaque, to which is added, pain and aversion to light. If the *cornea* alone be inflamed, the symptoms commence by dulness of the tunic, which becomes more or less opaque, then gradually reddens, frequently to a very high degree, and soon these symptoms are followed by pain. Loss of vision, spots and ulcers are frequent terminations of this inflammation.

The symptoms of *Sclerotitis*, are very similar to those of conjunctivitis, but all highly exaggerated in their degree, the vessels fuller, the pains more violent and intolerable. If *Iritis* be present, and if it be the result of mechanical injury, the pain is dull, aching, deep, the sight impaired, the pupil contracted, photopsy follows, and subsequently a dark discoloration of the small, and next of the large ring of the iris. The latter swells and pushes the cornea forward, which soon begins to participate in the inflammation, and becomes dim. The outward tunics are at first but little reddened, but the next day they (Sclerotica and Conjunctiva) become likewise affected, the pain in the eyeball shifts about, fever supervenes, the vision is gradually impaired and lost, the pupil loses its shape, exudations appear, collapse of the pupil, extravasation of pus, prodigious tumefaction of the eyelids, burning heat and pains in the eyeball, pains in the eyebrow, and nape of the neck, fever increases, restlessness and aversion to the faintest light.

Iritis by metastasis of gout or syphilis is slower in its progress, sometimes very tedious, and if neglected, or unskilfully treated, generally terminates in a total destruction of the eye.

Chorioideitis seldom appears alone, but generally accompanies ophthalmitis, or is a

precursor of amaurosis, particularly in plethoric young persons. Deep in the eye occurs a tense, aching sensation, which the patient attempts to remove by rubbing, but thereby renders the pain throbbing and burning. The sclerotica has a pale-red appearance, and the vessels of the conjunctiva are dilated. Tears flow freely, the iris is immovable, normal in size, vision unimpaired, aversion to light but trifling. In two or three days the pain and all the other symptoms have become very much exaggerated, the patient looks staring, the eye is very sensitive to the touch, the pupil becomes angular, the blue iris greyish-brown, fever of an erethic character, and delirium.

The *treatment* of these several kinds of ophthalmia requires to be prompt and judicious, particularly, however, in the last two, iritis and chorioideitis. Very valuable remedies in the beginning are *Acon.*, *Bry.*, *Nux vom.*, *Euphrasia*, *Bell.* and *Cannabis*, to be selected not only with reference to the cause, but also to the violence of the various symptoms Thus, *Arnica* is preferable in those cases which originate in mechanical injuries; *Ars.*, *Caps.*, *Euphorb.*, *Carb. veg.*, in cases where a "burning" pain is the prominent symptom. *Merc. sol.* has frequently done good service against burning, acrid, excoriating tears; *Rhus* has cured ophthalmia with

œdematous swelling. *Sepia* and *Sulph.* have also proved very valuable. In *inflammation of the Cornea*, we find *Euphrasia* and *Spigelia* generally sufficient, and only in chronic cases are we obliged to resort to antipsorics. In *Iritis* the main remedy is *Clematis*, and if it is of a syphilitic character, *Acid. nitri.* and *Mercurius;* if caused by metastasis of gout, *Ars.*, *Bry.*, *Coloc.*, *Hep.*, *Sulph.*, *Puls.*, *Rhus*, and likewise *Merc.* The same treatment applies to *Chorioideitis.*

With reference to the character of ophthalmia, we have to observe, that it depends not only on the individuality of the patient, but also on the exciting cause of the disease, the state of the weather, etc. We will now proceed to the separate forms.

Ophthalmia catarrhalis affects the conjunctiva and the eyelids, and also the meibomian glands; it is seldom violent, and mostly without fever. It is the taraxis of the older writers. It commences with a "cold in the head," sore throat, and headache, and thus, like catarrhs, is often epidemic. At first the eye appears dry, very sensitive to light and air, it itches and burns, and the conjunctiva appears red; subsequently occurs an increased secretion, which is of a purulent character, and during the night the eyelids become glued together, a burning sensation is felt, and to these are

added the usual catarrhal symptoms. In itself this affection is trifling, and without danger, and frequently disappears in a few days with a little care and attention to warmth, but it is apt to become very tedious by a new catarrh, or injudicious management, and may give rise to other diseases of the eye. The best remedies for it are Acon., Bell., Calc., Cham., Iod., Nux, Puls., Sulph.

Rheumatic Ophthalmia is not unfrequently mistaken for the catarrhal, although they seem to us easily distinguishable. In the latter, the whole eye is red, and the vessels running towards the cornea are dilated; in the former, there are on both sides red *spots* only, or a red ring extending round the cornea, and the redness is that of carmoisin, whereas it is more like violet in the catarrhal. The eye remains dry through the whole disease; there is no increased mucous secretion, the tears, however, flow considerably with much pain in the lachrymal gland, which frequently participates in this disease; the pain is greater than in the catarrhal form, and increases towards evening, and night. Sometimes the eyelids are not inflamed at all, but their commissure reddened considerably. Together with these symptoms we find violent head or toothache; rheumatic sufferings in the extremities, frequently alternate with this form of ophthalmia, which is all the more dangerous, as it is apt to change into iritis. It some-

times leaves pustules behind, which are liable to ulcerate and cause prolapsus iridis.

With regard to the treatment, our first care should be to guard against the possibility of its affecting other parts of the eye. A moderately dry temperature, and careful diet, ought to be attended to. The remedies are *Puls.*, if there is tearing and pricking; next to it *Bell.* and *Rhus.* Clematis should be given against aching pain, and increased flow of tears in the open air. In severe cases, *Acon.*, *Euphr.*, *Cannab.*, *Nux*, may be indicated. *Spigelia* should be resorted to when the pains are very deep-seated, and increased by moving the eyeball, or, in case the pains are piercing and pricking, and there is heat and burning in the eye, accompanied by a copious flow of sharp, corroding tears. If the affection becomes protracted, and we find burning, sharp pains in the eye, especially in the open air, extreme sensitiveness to light, much flowing of tears in the evening, *Merc.* is the remedy, which may be alternated with *Sulph.* and *Hepar.*

Ophthalmia impetiginosa is always the consequence of the spreading of an eruption of the face or in its vicinity, such as crusta lactea, tetters, etc., and disappears with them, without any special treatment for itself.

Ophthalmia scrophulosa is a well-known and frequent complaint amongst children, ge-

nerally appearing first between the second and seventh years. It attacks, first of all, the meibomian glands, and not unfrequently becomes a very violent and obstinate inflammation of the eyelids, called Blepharophthalmia. This affection may exist for many years, and by spreading, has given rise to pustules, and ulcers of the cornea. The meibomian glands sometimes swell to such a degree, that the inside of the eyelids assumes the appearance of red velvet. Frequently a pimple under the inner angle of the eye is formed; the eye is periodically very averse to the light, seems to be swimming in water, the tears which run down the cheeks are so sharp, as to excoriate the latter; in the morning, on waking, the eyelids are found to be glued together, the child rubs and scratches them violently, likes to be on his face, and shows at the same time the usual symptoms of scrophulosis. Eruptions on the head, flow of matter from the ears, etc., are frequent precursors.

This complaint shows periodical exacerbation; it is better in summer, but grows worse in the spring and autumn, especially during sudden changes of temperature. The treatment must be continued very long, before the disesase can be thoroughly cured; besides which, relapses are constantly to be apprehended. In the commencement, when the inflammation is violent, *Acon.* is to be admi-

nistered. If the eyelids are very tense and can only be opened with much difficulty, or not at all, *Bell.* is indicated.

Cannabis, *Euphr.* and *Nux* are also suitable remedies. *Puls.* will prove very serviceable when the complaint is advanced, the eyes itch and burn, the eyelids are dry, pimples in the angle, tears running in the open air, eyelids glued together by pus, dimness of the cornea. Another very valuable remedy is *Digitalis*, which, together with *Puls.*, meets most of the general symptoms of scrophulosis. All these medicines, however, will not work a radical cure of this complaint, because they do not effect a constitutional change, as is done by the antipsorics. In the erethic form of this complaint, Mer. corr., of 3d trituration, is the most valuable remedy, whereas in the torpid form it does harm instead of good. As a matter of course, the diet must be strictly regulated, and consist of easily-digestible food; the child should be bathed frequently in luke-warm water, and the bowels be attended to. In fact, it is very important to restore to, or preserve in their normal condition, as the case may be, all the animal functions.

Ophthalmia arthritica is always a bad complaint, and found only amongst people advanced in life, particularly the gouty. Its course is either acute or chronic. In the first

case it generally begins with Sclerotitis. The eye is but little red or swollen, yet very painful, the pain extending over its entire orbit, and over the temples, and upper jaw into the teeth. The inflammation is then easily liable to spread to the corpus ciliare, iris, choroides, and that leads to sad consequences, such as amaurosis, cataract, staphyloma, collapse of the pupil, etc. Sometimes the pain continues even after complete blindness has taken possession of the diseased eye, or it extends into the other. The inflammation is generally of a erysipelatous nature, the eyelids are slightly reddened, are swollen, and exude an acrid secretion. The chronic form, which is met with more frequently, makes its appearance usually as inflammation of the capsule of the lens. The subjects chiefly exposed to this affection, are those who suffer with arthritis anomala, with frequent pains in the head, ears and teeth, and simultaneous congestions to the head. Often, again, it commences with inflammation of the cornea, which leaves behind it a speck on the cornea, affecting its transparency ; at the same time little vesicles are formed, which become very painful ulcers. As the disease progresses, iritis is developed, the conjunctiva of the eyelids becomes detached, and eversion of the eyelids is the consequence.

Causes for this affection are injury of the eye in gouty individuals, taking cold in the

head, getting the body or feet wet, etc. A prompt treatment is necessary. Commence with *Acon.* repeated frequently. *Bell.* is indicated in painful pressure, an aversion to light, *Spigelia* in injection of the vessels of the albuginea, accompanied by a sensation as if the ball of the eye were swelled, *Puls.* when the pain is very violent, eyelids very dry, red and swollen, pain, a burning ache, piercing, cutting, or also tearing and pricking. *Rhus*, when the pain is aching and burning, aggravated by a motion of the eyes, and the eyelids are blistered, *Coloc.* in burning, cutting pains, and an acrid excoriating secretion from the eyes. Besides these, we recommend to the attention of physicians, *Digit.*, *Verat.*, *Ant. crud.*, *Mer. sol.*, *Hepar.*, *Ars.* Moreover, in this affection, too, it is very important to remove the cachexia which lies at its foundation, if we wish to guard against relapses.

Ophthalmia syphilitica is, on the whole, a rare disease, and occurs mostly in individuals who have weak eyes, and who in their childhood have been afflicted with ophth. scroph. It attacks the cornea first, frequently, however, the conjunctiva at the same time, and soon after the sclerotica, lens and retina. Superadded to this, we often have an inflammation of the corpus ciliare, and iritis in consequence. These parts bleed, suppurate, and the eye is

destroyed. This inflammation is longer in its course than ophth. gonorrhœa, the pains are periodical, worse at night, and consist in single darts, which seem to proceed from the neighboring bones, from the edges of the orbit, and the root of the nose. At the same time, there are present, aversion to light, running of tears, and the symptoms of corneitis and iritis, in a high degree. If ulceration of the cornea has commenced, the eye cannot be saved. If the ophthalmia is owing to local contact with gonorrhœical secretion, the symptoms are, violent burning, redness, profuse blennorrhœa, in fact, gonorrhœa in the eye. This does not amount to much if early attended to. One of the most dangerous forms, is the ophth. gonorrhœica, by which the ball of the eye is sometimes destroyed by ulceration, in a week.

It develops itself only in patients who have lately had gonorrhœa. The usual cause is a cold in the genital organs, whereby the discharge from the urethra is arrested, and seems gone, until it re-appears in the eye. At first, we notice inflammation of the conjunctiva, and even of the cornea, with copious mucous secretion; then the conjunctiva swells up into a bright blister. The cornea and iris become inflamed, deep ulcers appear with prolapsus iridis, the watery humors become turbid, at the same time the choroides and sclerotica

become affected, the iris protrudes through the openings in the cornea, etc. A purulent mucous is secreted early—in the first days—and in such quantity as to run down the cheeks.

Treatment.—Mercurial preparations are the specific. The solubilis and sublimate deserve a preference, and should be administered at short intervals in the first trituration. Another well-tested remedy, is *Acid. nit.*, especially after the mercury. *Hepar.* and *Sulph.* may be indicated at the close of the treatment. If this gonorrhœal ophth. proceeds from immediate infection, the treatment should be the same as above.

In *Ophth. Scorbutica*, the sclerotica is of a violet-red, which soon extends to the conjunctiva. The conjunctiva becomes soon varicose, the eye very sensitive to light and bright objects, the cornea dim, lifeless, without gloss, the iris varicose, immovable, and pushed forward, in the conjunctiva and anterior chambers extravasations are formed, the already impaired vision is now totally lost. Besides these we have the usual symptoms of scurvy. The remedies are the same as against scurvy, the most valuable of which are, *Acid nitr.*, *Ac. muriat.*, *Ac. sulph.*

Ophthalmia ægyptica, is a disease remarkable for its ætiology, and its manner of appearance, and of a very dangerous character.

So destructive is it, that whole families, and even whole companies of soldiers, have been deprived by it of their sight. It was not known in Europe, till towards the close of the last century, when it was brought over from Egypt, by French and English soldiers. It appears in the form of a violent gonorrhœa in the eye, the lids swollen, excessive pain in the eyeballs, especially at night, great aversion to light, and it frequently causes, in the course of one or two days, total destruction of the eyeball. It commences with a sensation, as if there were sand between the eyeball and the lids, lachrymation, the conjunctiva of the eyelids has a palish-red appearance. These symptoms last several days in light cases. They are followed by aversion to light, swelling of the eyelids, the conjunctiva becomes velvety, and blistered, and then comes a profuse discharge of purulent mucus. In severe cases, we find, even at the beginning, inflammation of the conjunctiva scleroticæ, which rapidly communicates itself to the cornea and iris, causing ulcers, or in the most favorable terminations, film, prolapsus iridis, or collapse of the pupil. If accompanied by fever, delirium, and cerebral symptoms, we may presume a high degree of iritis, and inflammation of the entire eyeball.

The origin of the disease, is a contagion

of a fixed character, respecting whose formation a variety of hypotheses has been advanced. Most probably it has been caused by heat, and the hot sands in the deserts of Egypt; its malignancy increased by the frequent privations which the soldiers underwent, until a contagium was developed, as is the case with most epidemics. The question, what remedies should be employed against this dreadful malady, we can answer—though very unsatisfactorily—only by recommending a closer study to discover the medicines, which can produce a similar group of symptoms. If we pursue such a course of analysis on one side, and synthesis on the other, we find the following remedies best indicated: *Euphr.*, *Digit.*, *Graph.*, and *Sulph.* and *Merc.*

Ophthalmia neonatorum, or ophth. of newborn children, is, with regard to its destructiveness, next to the Egyptian, the most dangerous of inflammations of the eye. It appears as very trifling at first, and yields readily to good treatment, but becomes a scourge when it finds its way into the cottages of the poor, or foundling-hospitals. And it is just amongst these that it makes its appearance mostly; very rarely amongst the opulent. The older writers either do not mention it at all, or only superficially, and no accurate description of it existed, until the 17th century,

when Riverius, in 1669, tells us, that a certain "*Albrecht*" had noticed creamy tears, running from the eyes of a new-born infant, and in 1750, several German writers described the disease more minutely. Since then, many able men, in many countries, have bestowed much labor upon discovering the pathology of, and best treatment for the disease, and although it has of late attracted a great deal of attention, and has been ably discussed, we are still without a monograph on the complaint. The general symptoms are as follows:—between the first and fourteenth day, but generally on the seventh, after the birth of the child, which had before been opening its eyes with perfect ease and comfort, it begins to show an aversion to light, on either one or the other eye, and closes the eyelid spasmodically. Soon after, tears begin frequently to exude from the eye, and either redden the cheek, or cause a peculiar sticking-together of the eyelashes. This is followed by a slight reddening of the border of the upper eyelid—it is in this that the disease most commonly breaks out—and a slight œdematous swelling of both eyelids, as far as the borders of the orbits, the running of tears increases, at the inner angle of the eye appears a mucous secretion, and during the night, the lids become glued together. On opening the eye in the morning, we find the

space between the eyelids filled with a whitish-yellow secretion, and the conjunctiva of the lid much reddened. Thus far the other eye has remained healthy, but now it becomes affected with the same symptoms, in the same succession, whilst the first eye begins to improve in the same ratio, leading us to suppose a metastasis. But this lasts only, till the disease on the last-attacked eye reaches the secretory process, and then it rushes on both with increased violence, hurrying towards its climax. Frequently this complaint attacks both eyes at once; rarely does it remain confined to one throughout its whole course.

During the stage of secretion the œdematous swelling of the eyelids, especially the upper, increases, the palpebral conjunctiva of both rises in little blisters, but particularly that of the upper, and thus forms a dark-red lump, which not unfrequently hangs down to the nose, presenting a horrible spectacle, and laying the foundation to eversion of the eyelids. The inflammation of the palpebræ consecutively attacks the neighboring parts, and occasions swelling of the cheeks, lachrymal sac, etc. In this stage, a hemorrhage from the blistered conjunctiva is a rare, but a favorable symptom, especially if returning at short intervals, because the consequence is a rapid diminution of the swelling of the

whole conjunctiva, and the suppuration becomes less and milder. But if this desirable symptom does not appear, a mixture of mucus and pus flows from the hot, almost fiery eyelids, often striped with blood, or if the patient be cachectic, suffering at the same time with jaundice or thrush, the eye pours out a thin fluid, which is soon followed by colliquation of the whole ball of the eye. If the child is not kept quite clean, and the pus is permitted to run down the cheeks, it there forms a crust, which adds to the already distressing appearance of the child. Should the inflammation communicate from the palpebral conjunctiva, to that covering the eyeball, the heat, swelling, and pain, will increase twofold, a new exacerbation will take place, and after having run through its stage, it takes hold of the entire ball, frequently terminating in colliquation. Recovery commences with a gradual decrease in the mucous secretion, or change into a watery secretion like tears; and this, causing for a long time after, a peculiar gluing together of the eyelashes, remains the last outward symptom of the disease, excepting an aversion to light, and secondary affections of the eyeball, if the attack on this had been very violent.

This disease causes great constitutional derangement in the infant; sometimes, how-

ever, it is itself the result of other complaints, such as aphthæ, jaundice, defective nutrition, emaciation, a syphilitic blennorrhœa, etc., etc. On this circumstance depends the duration of the ophthalmia, which may last from two to twelve weeks.

The above group of symptoms contains the pathognomonic signs of the disease, from which individual cases may vary according to the ætiology, constitution, outward circumstances and influences, whether sporadic or epidemic, locality, care, cleanliness, etc. Very clearly, however, we can distinguish in this disease three distinct stages, to which various names have been applied by various writers. We call them :

1. *Stage of Hydrorrhœa* (*flow of water*)—in which a watery secretion is discharged from the eye. At the commencement of the stage, the eyeballs seem to swim in water, the eyelashes are constantly wet, and the watery discharge is very profuse, sometimes trickling down the cheeks, at others, escaping in gushes. The edges of the eyelids are reddened, and on examining their inner surface in this stage, which is usually attended with great aversion to light, we find on the conjunctiva separate spots or small streaks, which, if closely examined, have the appearance of ramifications of the trunk of a vessel dilated with blood, termi-

nating in a strong point. This peculiar appearance of the commencing inflammation of mucous membranes, can only be explained by the peculiarity in their organization. Not unfrequently are the vascular injections found simultaneously on the conjunctiva of the ball of the eye, giving the whole a very dirty appearance, which is greatly increased if jaundice, erysipelas, etc. are making their approach. The duration of this stage is uncertain; it is to be borne in mind, that the complaint commences with this stage, and ends with it also.

The watery secretion changes sometimes in a few hours, at others, in a few days, into a mucous, and then begins the second stage.

2. *The stage of Phlegmatorrhœa.*—The swelling of the eyelids increases, especially in the upper, which hangs, lapping over the lower.

A tenacious, thick, transparent mucus escapes from between the eyelids, and forms a yellow crust on the eyelashes, frequently gluing together the eyelids. Their conjunctiva assumes a granulating, velvety appearance, and secretes the above-described mucus, and often protrudes from below the upper lid. Now, it is seldom possible to observe the condition of the eyeball, because of the spasm of the lids, and the quan-

tity of mucus in which the eyeball literally swims. Some writers, however, affirm to have noticed in this stage a violent inflammation of the conjunctiva of the eyeball, and a loosening of the cornea, in living children. The writer of this has observed this state of things in children, who had died from other causes during this stage of the disease. This stage lasts a few days only. Eversion of the eyelids is rare. Sometimes the whole complaint terminates at this stage, disappearing in the same way that it came. If not, we find in a few days

3. *The stage of Pyorrhœa,* or flow of pus.—The conjunctiva looks now like a conglomerate of small lymphatic, red balls, and from it exudes a viscid, thick, dark-yellow pus, or at other times it is greenish and corroding. On separating the swollen eyelids, we find the eyeball bathed in it—a horrible sight. The cornea begins to soften, and to peel off in scales, and the inner lamellæ of the cornea protrude. If the destruction of the eye terminates here, it is a fortunate circumstance, but that is but rarely the case. The destruction of one layer of the cornea after the other goes on, the last bursts, the iris is pushed out, it shares the same fate, and thus gradually we have in a few hours a collapse of all the tunics; the eyes in the child's head have melt-

ed away, and incurable blindness is the result! Those children may be considered fortunate, who escape with an adhesion of either the uvea to the crystalline capsule, or of the iris to the cornea, which latter is the most frequent, and causes an elongation of pupil.

The diseases consequent upon the Ophthalmia neonatorum, have their seat either in the eyelids, or in the eyeball. In consequence of the great relaxation of the former during the disease, they become everted, if improperly treated. The usual sequel is a protracted flux of tears, and an abnormal redness of the inner surface of the eyelids. The injuries done to the eyeball are more serious —atrophy, adhesion of the cornea and iris, various kinds of staphyloma, hydrops. bulbi, cataracta centralis, etc.

In the course of this disease the little sufferers feel most at ease in the morning, towards evening they become restless, their head and hands hot, the swelling of the eyelids becomes redder and hotter, they cry and moan very bitterly, and want the breast very frequently. This exacerbation lasts till midnight, when the violence of the symptoms begins to abate.

Ætiology.—Everything acting as an irritant to the eye, too strong light, dirty water containing earthy matter, coarse sheets

or towels, tedious and protracted labor, fluor albus of the mother, etc.

Prognosis on the whole, and if early and good treatment is adopted, not unfavorable, and hardly ever fatal to life.

Treatment divided into local and general. The former should, at the commencement, consist in cold water applications, which, according to the experience in foundling hospitals, is often sufficient to arrest the disease in the first stage. But, if it has gone into the second, the child must be kept in the dark, and in very well-ventilated rooms. The mucous secretion should be very carefully, gently, and frequently washed off, taking care that the sponge be very soft, or, if linen, fine, and that the edges of the eyelids only be touched, not the eyeball.

The constitutional treatment should commence with *Acon.*, and be continued until the inflammation is subdued, and an increase in the secretion of mucus has taken place. Then, according to circumstances and symptoms, we should give *Cham.*, *Nux*, *Bry.*, *Bell.*, *Puls.*, *etc.* According to clinical experience, *Cham.* and *Calcarea* are the most valuable remedies. *Ignatia*, too, is highly extolled by some oculists. The above constitutional treatment refers to the first stage. In the second we recommend *Euphrasia* in particular, and next to it *Borax* and *Puls.* None

of these remedies will be of any service in the third stage, excepting *Calc.* and *Sulph.* If caused by leucorrhœa or syphilis, *Merc.* and *Ac. nit.* are indicated.

The best treatment, in our opinion, is to commence with a few doses of Acon., and then, whatever the ætiology may be, proceed to low triturations of Mercury, with the view of making a decided impression.

Cataract is an opacity of the crystalline lens, of its capsule, or of the Morgagnian fluid, separately or conjointly, which causes the rays of light to be broken, and a consequent obstruction of the sense of vision. In the commencement of the complaint all objects appear enveloped in mist, dirty and dusty, the flame of the candle seems surrounded by a many-colored glare or glory. As the opacity increases, so the sight diminishes, and the lens appears either grey, or yellowish. The dimness begins in the centre, and therefore, when the pupil is much dilated, the patient may yet see very well, but it extends gradually, and the want of transparency in the lens increases. The pupil still remains capable of contraction, and dilation, by the influence of light, but the movement is slower, and the dilation greater, than usual. Soon, the patient can no longer, distinguish anything but light and shade, or, at the utmost, strikingly-glowing colors.

At the climax of the disease even this remnant of vision is lost, the eye becomes staring, and moves without object in indefinite directions, the pupil is dilated, and contracts only under the influence of very powerful rays of light, or on gently rubbing the eyelids; sometimes the pupil retains its normal size, or appears even contracted; the latter especially, if morbidly increased sensibility is present.

Cataract may, particularly in the beginning, be mistaken for that amaurosis, which is complicated with exudations on the retina, or with opacity of the cornea. It is to be distinguished from the former by the fact, to be noticed on close inspection, that the opacity in cataract is immediately behind the pupil; in amaurosis it lies deep in the eye; from opacity of the cornea, by the circumstance, that the latter retains the same compass, whether the pupil contracts or dilates. Besides, the opacity of the cornea may clearly be seen behind it, if looking sideways at the eye.

All cataracts are alike in the above particulars, but they differ in others, hence a classification of them.

They are divided—

1.—*In respect to the seat of the opacity, into—*

A. *Cat. lenticularis*, where the crystalline lens is affected;

B. *Cat. capsularis*, where the capsule is affected.

C. *Cat. Morgagnia*, where the liquor Morgag. is affected.

D. *Cat. universalis*, where all the above parts are affected.

2.—*In respect to their nature*—

A. *Cat. dura*, where the lens is indurated. This species is met with chiefly in old people, and to be distinguished thereby, that its color is brownish, with a tendency to the red or yellow, of smaller compass, small pupil, wide anterior chamber, and that the lens does not lie close to the iris.

B. *Cat. mollis*, when the lens is soft, presents a white, glossy appearance, and a wider circle.

C. *Cat. lactea*, when the lens is changed into a milky substance, white and glossy, and uniform in color.

D. *Cat. puriformis*, where, in consequence of inflammation, the lens has become changed into a purulent substance.

Ætiology.—This affection is frequently hereditary, especially in children, descending from parents who have been afflicted with syphilis, or itch, or there may exist hereditary predisposition, which may be developed by the above diseases. Further causes are, very

advanced age, physical and mental weakness, want of nutrition, too much, and too constant use of the eyes, especially in very powerful light, or at dusk, chemical and mechanical irritants, intemperance, congestions to the head, suppression of natural secretions, metastasis of gout, a morbid state of the constitution, ophthalmia, and exudations.

The *prognosis* is more favorable in the idiopathic, than in the symptomatic, because in the latter it is difficult to remove the dyscrasia which lies at the root of it. It is more favorable in the young and robust. If the complaint is of long standing, it may be considered incurable.

On the *treatment of Cataract*, Dr. H. V. Mallan says, in No. XX. of the British Journal of Homœopathy :—

" No medicine, or internal treatment, has, as yet, been of any avail in confirmed and ripe cataracts; this was left for better days in medical science, and homœopathy has given us means of cure, which were totally unknown before. I do not mean to say, be it well understood, that homœopathy will entirely supersede surgery, and that we are not to trust this latter means, or even employ it—no; but I wish to draw attention to these three remarks only—that, 1. In many cases, homœopathy will cure, completely cure, real cataracts, even old and ripe ones. 2. In

many more it will prevent the progress of the cataract on the other eye, when as yet only one is affected. 3. That if it does not always succeed in curing, it will always prepare the whole constitution for the surgical operation, prevent inflammatory accidents after it, and secure its success.

"This part of medical treatment has been to this day too much neglected, because to our eyes this, more or less exorganic, body seemed not fit for medical treatment; and because we have been accustomed to hear, that surgical operation only is of any use, we have left aside the internal treatment, which will often be crowned with far more success, than is generally expected. Not the least process in the human body, morbid or natural, can take place without the whole constitution taking some part in it. We cannot expect that an organ of the body, be it ever so small, can become affected quite independently of the organism, but rather that it becomes affected in consequence of a morbid process existing, though not seen, in the organism itself. I am as far from admitting such confined notions, as I would be right to admit, that the very same organ has no common tie with the rest of the body, and is not one constituent part of it, by its nerves, its vessels, and all its texture.

"If, therefore, one part of the body is dis-

eased, we must not direct our treatment to it solely, and use what is called a local treatment alone. We must act on the whole constitution in the same way, as we would direct our attention to the whole tree, when it bears decayed fruit. In this case, and for this very simple reason, it is not only advisable, but necessary, to have an internal, general treatment, and this way of attending to disease, will prevent many a failure, and the harm which might ensue from a local treatment. In a case of cataract, therefore, the whole constitution must be acted upon, as in all similar diseases. Our materia medica has many a remedy against such a state. My intention is not to discuss here the comparative value of each of these, but to make a few remarks on the treatment in general. The remedies reckoned the most important are, *Sulph.*, *Silic.*, *Caust.*, *Cann.*, *Phos.*, *Calc.*, and *Con.* The antipsorics, of course, must form the basis of the treatment, as the whole constitution must undergo a change, from the action of the remedy, which must extend to the primary cause of disease. This cause is what has been called *psora*. If the psora has been acquired by the patient, and the cataract has developed itself after the disappearance, more or less sudden, of the itch, even many years afterwards, the treatment will not only be easy, but sure. I have remarked in the few

cases which came under my notice, that under the influence of antipsorics, and particularly of *Sulph.*, an eruption was produced, with the intensity of which, the symptoms of the cataract gradually amended. This speaks for the use of antipsorics at once. If there are no accidents which would prevent this mode of treatment, the antipsorics, and at the head of them *Sulph.*, must therefore be resorted to, in one or two doses, at intervals of a day, and not repeated till their action is over. Sometimes there are accidental symptoms, which though not very prominent, will require to be removed by an apsoric, before the antipsoric can have any action at all on the constitution, and this is true in other cases, as well as the one under our present notice.

"Should the psora not have been acquired, but *inherited*, the treatment will be longer and more uncertain, particularly if the cataract is already advanced; it is then habitually connected with a bad state of the general health; a long chronic affection, which is to be considered, not as the cause of the cataract, but as its accompaniment only, and the symptoms of the cataract will amend with those of the general health, keeping pace with them.

"Here the treatment must at first be directed to the general health; as long as this is no better, not only will the cataract not be

amended, but will make progress, and its cure will be rendered impossible. In regulating the general health of the patient, the cataract will be benefited, and its progress retarded. When the health is restored to its normal state, then the eye should alone be attended to, and then only will the disease yield to the treatment. It is not to be understood by that, that no medical treatment must be used, on the contrary, it will always prepare the constitution, as we have already mentioned.

"According to these views, *Sulp.* is the first remedy to be given; one or two globules of a high potency. Should no improvement follow, another antipsoric to be given in the same way. I do not mention any one in particular, because there is a great danger in prescribing a remedy from a few isolated symptoms. The remedy must be chosen according to the symptoms of the case, and with the greatest care and exactitude, for it is not the size of the dose, nor its repetition, nor a succession of remedies, which will be of use in cataract, any more than in other chronic cases; it is the *right choice* of the remedy, of which one single globule will then do much more than many doses of ill-chosen remedies. It is not possible to say, that in this or that species of cataract, this or that remedy will cure. The *tout ensemble* of the

symptoms must always decide us in the choice of the remedy, and in all cases, no second remedy is to be given before the first has exhausted its action."

Amaurosis is a disease, which involves either a deficiency, or total destruction, of the sense of vision, when the pupil is immovable, whilst those organs which serve to break the rays of light are in their normal state, but in process of time, they too undergo a certain change.

This disease consists in a paralysis of the optic nerve, or the retina. In many cases, however, it is owing to an organic defect of those organs or of the brain. It appears in various forms, idiopathic, symptomatic, sympathetic, hereditary, and congenital.

The causes to which this malady may be traced are manifold, direct and indirect.

They are, very prostrating diseases, which exhaust, and diminish, the activity of the whole nervous system, and that of the optic nerve in particular, such as: obstinate intermittent fever, typhus, exanthematous fevers, gout and rheumatism, suppressed exanthemata, itch, syphilis, suppressed, bloody, or mucous discharges, such as hæmorrhoids, menstruation, lochia, gonorrhœa, excessive hemorrhages, excess in venery, abuse of the lancet and calomel, suppressed secretions of the skin, diseases of the liver,

ascarides, stone in the bladder and kidney, diseases of the nervous system, epilepsy, hypochondria, hysteria, apoplexy, injuries to the head, frequent cupping, etc., etc., finally a thickening and ossification of the retina, and atrophy of the optic nerve.

Besides these causes, some of the narcotics can thus weaken the powers of vision as to lead to amaurosis, for instance, Bell., Stram., Opium, Laurocerasus, Hyosc.

Amaurosis makes its appearance either suddenly, or is announced by certain symptoms, which are of the greatest consequence with reference to diagnosis and treatment. That form of the disease, which is characterized by an absence of receptibility, (amaurosis torpida,) is ushered in by a feeling of tension, fixedness, and dryness of the eye, accompanied by a dryness of the nose, particularly on the affected side; as the vision begins to be impaired, it seems to the patient as if everything was hidden in a deep mist, even the lighter colors appear dark, and everything diminished in size. After a hearty meal, or indulgence in strong drinks, or a dance, the patient sees better than after keeping quiet. This change is perceptible, likewise, on rising in the morning; but in a short time, the sight becomes dim, and towards evening, the patient is hardly able to keep the eyes open, but experiences no pain. The pupil is dilated,

the iris insensible to strong light, and immovable, the eye seems dead.

If the amaurosis is caused by a want of, or imperfect re-action of the vascular system, and if it has more the irritable character, (amaurosis erethistica,) we notice just the reverse of these phenomena. The eye is very sensitive to light, and the patient can see only at dusk, or when the light is very feeble, all objects appear to be colored at their edges, all the colors brighter, and white things very brilliant. Although, perhaps, unable to distinguish objects, the patient may perceive a white glimmer, which sometimes passes into a glaring glow; much light is always intolerable. Frequently, sparks, flames, or lightning, seem to pass before the eye. In this form of the disease, the patient sees worst in the morning. The eyes are moist, even to tears, the mucous secretion in the nose is abundant, the eyelids are bloated, and very sensitive, the muscles of the eye very restless, the pupil contracted, at times movable, at others distorted, and contracting in an irregular manner.

In both forms of amaurosis, it is well to watch closely the changes in the total organism.

When the disease is fully developed, the impression to light is totally lost, and the eyes roll about involuntarily in all directions, so

that the patient has often the appearance of squinting. When it has arrived at this point, an error in the diagnosis is almost impossible.

This complaint generally attacks both eyes, and though but one is at first the actual seat of it, the other does not escape entirely, but soon becomes involved.

Prognosis unfavorable. Amaurosis which has appeared suddenly, is, in general, more easily cured than that, which has come on gradually, because the latter originates in a constitutional derangement. If we can succeed in tracing the nature and character of this, we may occasionally hope to restore the eye, though much depends on implicit obedience to our directions, on the part of the patient.

Treatment.—In *Amaurosis incipiens*, the following are the most valuable remedies:—

Acid. sulph., dimness of sight, owing to latent psora, frequent burning, or burning pressure, particularly after exertion, such as protracted reading, whilst the eyelids are stuck together early in the morning, and can be opened with difficulty only. A marked criterion for the administration of this remedy is to be found in a serious, fretful state of the mind, dryness of the nose, suppression of hæmorrhoids or leucorrhœa, emaciation. Be-

sides this, when dryness and want of gloss are apparent in the eye.

Ambra is indicated, in gradual loss of vision, making all things appear in a fog, aching in the eyeballs as if from dust, and also burning, frequent lachrymation, and heaviness or itching in the eyelids. A more certain indication for this remedy is, when the patient of nervous temperament shows a degree of indifference, and loss of memory, aching pains in the forehead, and suffers with dryness and obstruction of the nose. It is especially valuable for nervous and irritable people.

Cannabis suits those cases, in which besides great weakness of the eyes, and diminished vision, the eye appears less animated, duller, the patient imagines to see white lightning-prongs in a circle, and has a drawing sensation in the eyeball, together with a feeling at the back of the eyeball, as if the latter were being pushed out, congestion to the head, and compressing pains in the forehead. Anxiety, indecision, showing itself by acts, angry disposition, great inclination to sleep by day-time, dryness and sensation of heat in the nose, as in a dry catarrh, may be present.

Drosera is required, when the sense of vision, particularly after motion, is so diminished, that a veil seems to be thrown over the eyes, with a sparking and glittering un-

wards, and to the sides, the eyelids stick together, and particularly if touched, feel painfully sore, the eyeballs are troubled with a burning and darting sensation outwards. Suspicious and ill-humored state, alternating with a depression of spirits, tearing tension or cutting, darting pains in the forehead, aggravated by stooping, difficulty of hearing, frequent sneezing without much secretion of mucus, may be present.

Helleborus is indicated by increased sensibility of the eye to the rays of daylight, attended with a feeling of heaviness, as if the eyelids were pressed down from above. Melancholy state, and the powers of the mind enfeebled; one-sided, tearing pains towards the forehead, accompanied by chills; or aching, dragging pain from the back towards the front of the head, dryness of the nose, and powerful inclination to sneeze, point very decidedly towards this remedy.

Plumbum acet. is to be given, when during gradually-diminishing powers of vision, a constant fog seems to be before the eyes, acrid tears, and burning and prickling in the eyeballs, tearing pains in the forehead and temples, sometimes darting. Anxious depression of spirits, being tired of life, coryza, difficulty of hearing.

Rhus is in place, when, in consequence of diseases of the skin, gout, and rheumatism, a

metastasis has taken place, and amaurosis begins to be formed, if a veil seems to be before the eyes, and there are present aching and compressing pains in the eyeball, and a feeling of dryness, or a paralytic heaviness and difficulty of motion in the eyelids; if the latter readily stick together, and appear to swell; if, besides irritability of the mind and timidity, we find the power of thinking impaired, vertigo, particularly on motion, and a feeling of heaviness in the forehead, complicated with tearing in it, and if there is violent, spasmodic sneezing, with copious flow of mucus from the nose, particularly in the morning, and the menstruation and hæmorrhoids are uninterrupted.

Sulphur, when sometimes white, at others black specks, seem to float before the eyes, or the flame of a candle seems to be surrounded by a red ring; at the same time, a feeling of dryness, heat, and pressure in the eyes, and some sensitiveness to light, timid uneasiness and sadness, dry catarrh, and hæmorrhoids. Particularly indicated, when, in addition to the above symptoms, latent psora be present.

So much for the treatment of *incipient amaurosis*. That this form is curable, and has been cured by homœopathic means, we have some unimpeachable testimony to prove, but we cannot say the same with reference to

the amaurosis erethistica, and amaurosis torpida. Upon a careful comparison of symptoms, we recommend in—

Amaurosis erethistica: Angust., Caust., Clem., Ac. nit., Acon., Amm., Bell., Camph., Euphr., etc.

Amaurosis torpida: Ac. phos., Agaricus, Alum., Amm., Anac., Aur., Calc., Cicuta, Caps., Cocc., Dig., etc.

Glaucoma is an opacity of the vitreous humor of the eye, together with a paralysis of the retina, and more or less complete loss of vision. This complaint frequently succeeds to ophthalmia, and generally appears on one eye only. It develops itself at times without pain, at others accompanied by a troublesome sensation in the whole eyeball, and the neighboring parts, headache, etc. The patient first perceives a mist, which occasionally disappears, and then again assumes the appearance of much dust flying about the room. The flame of a candle seems to be covered with a light cloud, which forms a kind of steam, edged by colors of the rainbow. The power of vision is slight, and finally disappears altogether. To many patients, before they become quite blind, all objects appear smaller than they really are. The iris is rather contracted than dilated, the pupil irregularly-shaped and elongated. The eye loses its brilliancy, and becomes dull, as

after death. At the height of the disease, the eyeball becomes smaller, soft, atrophied, or the pains diminish, or cease altogether.

The ætiology of this disease is very obscure, but appears to be nearly the same as that of amaurosis, and frequently owing to metastasis of gout, exanthemata, etc.

If in an advanced stage, its cure is impossible, and but seldom can any benefit accrue from treatment in the commencement even. The germ of this disease is too deeply seated in the organism to be readily reached, and if certain changes have once taken place in the vitreous humor, all skill is baffled. If we are consulted at an early stage, however, we should leave nothing untried. A judicious diet, regulated by the constitution of the patient, frequent, but moderate exercise in the open air, relaxation and amusement of the mind, etc. The most appropriate remedies appear to be, China, Caps., Puls., Caust., Phosph., Rhus., Mezereum, Merc., Sulph.

Erysipelatous inflammation of the eyelids usually occurs on one eye only, but occasionally on both. In the first stage it may readily be removed in two or three days, whereas it takes a much longer time in the second stage. This complaint begins with a pale yellowish-red, apparently transparent, glossy swelling, commencing generally on

the inner edges of the eyelids, and rapidly spreading upwards, outwards, and downward, all the while increasing in redness. The pain is trifling, rather burning, and tense. The mucous secretion of the eye and nose are increased considerably. It is usually attended with much fever.

At this period a few doses of *Acon.* given at twelve hours' intervals, will in most cases remove the complaint. If the pain is more of an aching, than of a burning character, *Hepar. sulph.* is indicated.

In the second stage, marked by an increase of the redness and swelling, and a great difficulty of separating the eyelids, because the upper overlaps the lower; also by an exudation between the lids of a purulent lymph, *Acon.* should be commenced with, for the purpose of allaying the violence of the inflammation, but as soon as we have succeeded in this, we must have recourse to *Sulph.* in the 12th attenuation, without which the disease cannot be cut short. Should the Sulphur act too powerfully, and cause a medicinal exacerbation by increasing the pain and inflammation, one dose of *Acon.* should be given as an antidote to the Sulphur.

Inflammation of the meibomian glands.—If only one of them is inflamed, we call the disease a "stye in the eye."

This inflammation may be shortened by a

single dose of *Puls.*, which, to guard against a relapse, may be repeated at long intervals. If it should occur frequently, especially in scrofulous individuals, attended with a stoppage of the secretion from the nose, and redness and swelling of the eyelids, *Aurum* is the specific, according to manifold experience. If the frequent recurrence of this so-called "stye" should have given rise to indurations in the edges of the lids, and to indurated glands, which may have the tendency to inflame anew; but where this inflammation remains subacute, allowing the edges to glue together during the night, then *Staphysagria* will be found to be a very valuable remedy. But should this fail in accomplishing the desired object, *Silicea* will be most appropriate.

If the inflammation attacks several meibomian glands at the same time, it gives rise to evident redness, itching, and burning in the edges of the eyelid. This complaint is rarely isolated, but generally complicated with dyscrasia and latent psora, and is consequently more tedious than many other diseases of the eye, because it usually terminates in a chronic inflammation, and a purulent inflammation of the eyelids, constantly discharging pus, which glues the eyelids together at night. During the day the parts itch, and induce rubbing. In this case there is no actual inflammation, but a subacute state. An excellent

remedy for it is *Euphrasia*, especially if much aversion to light and frequent violent headaches are present, but it is valuable without these symptoms. This remedy will, however, not accomplish the cure by itself, but requires the assistance of *Clematis*, *Spigelia*, and *Digitalis*, and if there is a spasmodic contraction of the eyelids, *Hyosciamus*.

CASES.

Ophthalmia catarrhalis.

Case 1.—A girl, of 20, having a strong, robust constitution, of brunette complexion, and tall figure, who had always menstruated regularly, had been suffering for three months with an inflammation of both eyes, particularly of the right, for which she had been trying various collyria, and likewise purgatives, both under the direction of a surgeon, but without much result, and with but little temporary relief.

When the patient placed herself under my charge, I found her case to be as follows: the conjunctiva of both eyes, but particularly the right, was reddened by ecchymosis, constant lachrymation, and a discharge

of a watery, acrid secretion; aversion to light, and considerable aching and cutting pains in the eyes, which extended into the orbits, where they became boring and gnawing. On the lower half of the cornea of the right eye three ulcers of the size of the head of a pin each. I ordered—

R. Euphrasia, 1 gtt. j.
Sacch. lact., gr. xv.
M. exact. div. in iii. part. æq.
D.S. One every second morning.

Externally I prescribed—

R. Tinct. Euphras., gtt. iij.
Aq. destill., ℥ iij.
M.D.S. Collyrium.

Result. Three days after I observed a considerable exacerbation, obliging the patient to remain in bed, and in a dark chamber on that, and the following day, at the same time the pain in the head, and in the eyes increased to an almost insupportable degree. But from that time her condition improved; so much so, that in a week after she called upon me, when I found that all inflammation had left the eye, and that the three ulcers on the cornea had likewise disappeared; and not a trace was left of redness, pain, lachrymation, or aversion to light. Six weeks after this I saw the patient, and found the cure permanent.

Case 2.—A girl of 15, weakly, thin, and

of a scrofulous habit, and menstruating six months, was seized in the commencement of June, with an inflammation of both eyes. For twelve days nothing was done, then I was sent for, and found the inside of the eyelids reddened and swollen; in the conjunctiva of the eyeball many vascular bundles converging towards the cornea, below these an equally-diffused intense redness of the sclerotica; on the cornea of both eyes several pustules; the iris and pupil in their normal state. Also increased mucous and lachrymal secretion, great aversion to light, and pricking pains in the eyes, forehead and temples, increased towards evening and midnight; appetite, evacuations of the bowels, and other functions normal. In former years she had been afflicted with chaff; never had the itch. Menstruation returns every three weeks sparingly. *Puls.* every second day restored the eyes to their healthy condition in about ten days.

Ophthalmia scrophulosa.

Case 3.—A scrofulous, weakly, light-haired girl of 6, born of a hectic mother, who, soon after giving birth to the child, died of consumption, was attacked, when only two years of age, with a scrofulous ophthalmia, which lasted several months. Subsequently she frequently suffered with ca-

tarrh in the head, swelling of the salivary glands, and constipation. On the 27th of April, when I first saw her, I found the conjunctiva palpebrarum and sclerotica highly inflamed, the eyelids of both eyes very much swollen, the edges tumid, also inflamed and corroded in several parts of the skin. At the same time there existed great aversion to light, on which account she constantly remained in a darkened room, and selected in this the darkest places she could find, even then lying mostly on her face. She complained of severe pressure and burning in the eyes, from which exuded a watery secretion, which, under the lower eyelids, had corroded the skin, and also partially brought on a rash. The alæ of the nose, and the septum narium were likewise swollen, and from the nose proceeded a frequent discharge of thick, yellow mucus. The salivary glands were enlarged to the size of a pigeon's egg. The girl herself looked sickly and pale, and was but poorly fed. She was suffering constantly either with constipation or diarrhœa. Abdomen bloated and hard. Very little appetite. She preferred bread, potatoes, beans and peas to other food. In this state the patient had remained for six months already ; and nothing had been done for her relief, excepting occasionally giving her a cathartic, and so-called "blood-cleansing tea."

I ordered from week to week three times, tinct. sulph., 12, gtt. j., which somewhat modified the pressure and burning, and secretion from the eyes and nose. She then received for a constipation of several days Nux, 18, gtt. j., which opened her bowels. Two days after, I gave against the aversion to light, Bell., 30, gtt. ss., repeating it in four days, and so far succeeded as to make her lie less on the face. The Bell. had also again diminished the inflammation and secretion from the eyes. The enlargement of the glands remained unaltered. I repeated the Bell. twice, but without effect on her general condition, which certainly disappointed me, because at the commencement it acted so admirably, and antipsoric qualities had been ascribed to it by some practitioners. I substituted Lycop., 30, which I repeated every week, and at the expiration of five weeks a considerable improvement of all the symptoms had taken place. The inflammation had decreased one-half, the secretion from the eyes was nearly gone, and the escape of mucus from the nose was greatly diminished. She laid now on the face in the mornings only, and but for a short time; the eruption healed, the glands became soft, and the patient felt on the whole much better.

Under such favorable auspices for a speedy cure, I gave Lycop. twice more, and

so far restored the patient, that the inflammation had totally disappeared, excepting a little on the corners and inner surface of the eyelids, the edges of which appeared corroded in a few places only; the aversion to light which remained, was trifling, yet the patient could not move about without some slight screen. The nose only remained a little swollen, and still secreted an increased quantity of mucus, and the glands were yet enlarged as before.

She received now Calc. carb., 30, gtt. ij., one dose every fortnight, which completely restored the eyes in three weeks, and continuing this remedy four weeks longer, brought on a resolution of the glands. The patient felt so well, that a fortnight after she went to school again.

Case 4.—A girl of 11, belonging to a family in which the daughters are very much troubled with scrofulous affections until puberty, after which the evil shows itself less frequently; yet they can never be called quite well. Such was her case. She suffered a great deal with enlarged glands of the neck, a swollen lip, or scabbed nostrils, to which in her 11th year an inflammation of the eyes was superadded. I was consulted in April, and found the case as follows:—the child is frequently cross and self-willed, the white of the right eye red-

dened, many little veins appear dilated, she experiences heat and burning in the eye, the eyelids are swollen and reddened, the meibomian glands secrete a great deal of mucus, so as to glue the lips together during the night to such a degree, that they cannot be separated without being sponged. Great aversion to light, she cannot remain in any room without an eye-shade, and likes to sit in dark corners. She cannot read or sew. The nose is frequently much swollen, the nostrils full of scabs or scurf, which extended down to the upper lip. The latter is likewise greatly swollen, but without hardness. Sometimes the glands of the neck are enlarged. All other functions in a normal state. Her diet was well regulated, requiring no change on my part.

Seeing that the case originated in psora, I resorted at once to Sulphur, and with the assistance of Graph., Lycopodium, and Magnesia (which latter removed rapidly and thoroughly a commencing opacity of the cornea,) cured the case in a few months.

Case 5.—A child, two years old, of a scrofulous habit, had had for eight weeks an inflammation of the left eye, with great aversion to light, gluing together of the eyelids, acrid lachrymation, corrosion and pimples on the face, and an eruption behind one ear of a moist, scurfy character. A judicious diet,

and a tea of hb. viol. tricolor, had done no good. I administered *Calc.* IV., and repeated the dose five days after. After two more doses of the same, the ophthalmia and eruption in the face and behind the ear totally disappeared.

Case 6.—*Photophobia scrophulosa.*—A girl, four years of age, of a scrofulous habit, had not been able for four weeks past to open the eyelids, which were red and swollen. To avoid all light, she would lie constantly on her face, and opposed every effort made to raise her head. Between the eyelids exuded an acrid secretion, which caused excoriations on the cheeks. The upper lip swollen and covered with a scab. For a fortnight she had been treated by an allopathic practitioner with antispasmodic and anodyne ointments, with collyria, counter-irritants, and purgatives, but without the slightest benefit. On the 3d of April, in the evening, I gave *Calc.* 6, and next morning she was able to open her eyes. This remedy I repeated four times, once in every three days, and perfectly restored the eyes to their healthy state.

Case 7.—*Photophobia scrophulosa.*—A child, æt. 2, had been suffering for a fortnight with spasmodic closing of swollen, and reddened eyelids. Six days of allopathic treatment had done no good, whereas with-

in sixteen hours after taking *Calc.* IV., the eyelids opened, and on the following day the intolerance of light had quite disappeared.

Case 8.—A girl, æt. 10½, had been afflicted from earliest childhood with swelled, and painful, submaxillary glands and other symptoms indicating a scrofulous diathesis, such as pale bloated face, and considerably-distended abdomen, etc. In the beginning of May this child was seized with a scrofulous ophthalmia, which was soon followed by a considerable opacity of the left eye. The parents of the child consulted several physicians, and amongst them a man of high repute as oculist, but the complaint increased, —in spite of the most assiduous attention and conscientious treatment, leeches, purges, derivatives, collyria of every kind, diet, etc.— to such a height, that after four months of allopathic treatment, the child was in a most wretched state. On the 2d of September she was placed under my charge. The following was my record of the case :—

The *left* eye but little inflamed, but the cornea obscured and dirty looking, the pupil visibly elongated, vision very much impaired, she saw everything as if through a thick fog, the edges not being clearly defined.

The *right* eye was inflamed to the highest degree, eyelids swollen, red, sore : acrid, thin pus corroding the cheeks, and frequent

lachrymation exuded from the corners of the eye. Extreme intolerance of light, the smallest ray increased the pain in the eyeball, which was very violent, burning, darting, boring, and frequently extending into the orbit; the eyelids were firmly closed, frequently glued together, painfully burning and itching. She was obliged to have both eyes constantly well shaded from the light. When, for a moment during twilight, opening her eyes with a great effort, she declared that she could not see anything, and that all objects seemed mingled and chaotic, or like dark clouds. I managed to look in for an instant, and discovered the whole inner eye red, and injected (ecchymosis), and the cornea covered with ulcers and patches, the character of which I could not discover, owing to the necessarily brief examination on account of the extreme intolerance of light. This ophthalmia was accompanied by general constitutional derangement. The body was emaciated, the face bloated, pale, appetite impaired, bowels irregular, sometimes hard, at others liquid stools, urine whitish, sleep very uneasy, interrupted and full of dreams, glands very much enlarged and painful, mind depressed, fretful, and out of humor.

In this state, which had daily been growing worse, the child had been for some time, when she was brought to me.

Treatment. The first indication appeared to me to be the necessity of controlling the violence of the inflammation, and if possible thus arrest the progress of organic destruction. I wavered between *Acon.* and *Bell.*, but determined in favor of the latter, of which I gave on the 2d of September the 30th potence. On the 4th of September the violence of the pain in the eyeball, and the intolerance of light had somewhat abated, enabling her to open the eye at twilight with less difficulty. The albuginea appeared to me on inspection to be less inflamed, the cornea opaque and in a great measure destroyed; the patient assured me that she could hardly see at all. *Bell.* being evidently properly selected, I allowed the same dose to act till the 9th of September, when the case appeared as follows:—The intolerance of light has decreased still more, and the same with the pains in the eyeball. The eyelids are yet very much inflamed, but not so much as before, and less painful; secretion of pus less, and more healthy. In the twilight she could keep the eyelids somewhat longer open, which afforded me the opportunity to make a more thorough examination. I found the albuginea still very red, the cornea here and there covered with little ulcers, along which inflamed vessels in bundles were spreading towards the albuginea. On the lower bor-

der of the cornea I discovered a dark red, elevated spot, which turned out to be a fungus hæmatodes, emanating from the cornea, extending to the iris, and filling nearly the whole lower half of the anterior chamber.

The state of the left eye had remained unchanged, the cornea very opaque, dirty, spotted, power of vision weak.

That my prognosis could not be otherwise than unfavorable, is clear. The fungus hæmat. threatened to destroy the whole eye. Experience has taught us how little benefit is derived in such cases from the best operations or extirpations of the eye. At the foundation of this ophthalmia laid a deep-rooted disease, and to this the chief attention of the physician should be directed, by resorting to the antipsoric treatment.

Bell. had undoubtedly taken a great deal from the *acuteness* of this inflammation, and had thus acted favorably. The group of symptoms clearly pointed to *Calc. carb.* On the 9th of September, after *Bell.* had been acting seven days, I gave her a few pellets of *Calc. carb.* 12th. This was followed by medicinal exacerbation; the pain in the eyelids increased, so did the acrid secretion and the intolerance of light; the pain in the eyeball likewise became acute, and the glands enlarged; she became out of humor, and trou-

blesome itching of the skin supervened (This, by the way, is a very common symptom brought on by the use of antipsorics, and rather a favorable one.) This medicinal aggravation lasted four days, and was succeeded by improvement; the eyelids lost much of their redness, inflammation and soreness; the discharge of pus decreased, and assumed a better character, the intolerance of light diminished. Her general health continued to improve, the glands became less painful, softer, and smaller; the face, hitherto bloated and pale, assumed a fresher appearance; the bowels became more regular, the abdomen less hard, the state of her mind more cheerful.

I continued to give *Calc. carb.* until the 16th of October, thus for thirty-seven days, during which all the symptoms were daily improving, and on that day her case stood thus:—

Left eye. The opacity and dirty appearance of the cornea materially diminished, the cornea more transparent, the spots less crowded and smaller; can see a little better.

Right eye. The eyelids but very little inflamed, less red, less sore, only a slight itching pain. The exudation of pus very much diminished, no longer acrid, but still frequent lachrymation. At night the eyelids stick less together. She can open them in a mo-

derate light, and keep them open a longer time. The general inflammatory redness of the eyeball has almost totally disappeared, the ulcers have become smaller and cleaner, the inflamed vascular bundles arising from those ulcers are very much diminished, the spots clearer and smaller. The fungus and the previously dark red spot at the base of the cornea much paler, evidently circumscribed; the pains, hitherto so violently darting and boring in the eye, are much lessened, the intolerance of light slight; she can even endure daylight if it be not too glaring, power of vision improved; she can distinguish objects now pretty well, which hitherto have seemed enveloped in darkness.

Her general health was likewise materially improved in all respects.

I now gave *Lycopod.* 12. On the 15th of November all redness had disappeared from the eyelids; there was no abnormal secretion or pain, the eyeball had resumed its normal condition, excepting in regard to the fungus, and the spots were but few; slightly inflamed vessels could be observed on the cornea and albuginea; the spots were much thinner and clearer, the ulcers on the cornea gone, almost without leaving a trace, the pain in the eyeball and the intolerance of light very trifling; sight much better, so much so that she could distinguish even small

objects. The fungus was now only pale-red, and evidently arrested in its progress, though plainly perceptible as a foreign body, intruding on the anterior chamber. The child improved generally, became more cheerful and even blooming—a sure sign that with an improvement of the constitutional state, that is to say,—a cure of the fundamental disease,—the ophthalmia was progressing towards its favorable termination.

Under these circumstances I determined to rely on Lycopodium until the 10th of December, and by that time found a marked and steady improvement. I now began to indulge a hope that the fungus would vanish entirely in consequence of a total extinction of the internal psoric disease by a prolonged use of antipsoric remedies. Accordingly, I gave Sepia x. which fully answered my expectations, by totally removing all traces of inflammation from the eyeball and lids. The opacity of the cornea, and the spots became materially diminished, the power of vision greatly increased, and the fungus appeared not only much smaller, but quite pale. Thus I went on, giving *Silicea* next, and resorted finally to the first remedy, *Calcarea*.

In the middle of June the patient was discharged as cured, and in perfect health, ex-

cepting a slightly-dimmed part at the base of the cornea, noways interfering with the power of vision.—Dr. E. Stapf.

Case 9.—A girl of 17 had been afflicted from infancy with a scrofulous ophthalmia, which had defied all remedies. The edges of the eyelids were thick, swollen, and ulcerated, the cornea had spots on it, the sight was so impaired, that small objects could not be seen by her at all, and those which were larger appeared to be enveloped in smoke and fog. Her general health was considerably affected. I gave her Tinc. sulph. 30, twice a week. After the eighth dose I noticed a decided aggravation, which induced me to stop the remedy. New symptoms now made their appearance: eruptions resembling smallpox, warts, freckles, pustules on various parts of the body, pains, restless sleep, etc. This state continued a week after I had stopped the remedy, then she improved; the above new symptoms disappeared first, and the original complaint next, and in six weeks she was discharged as cured. She remained well.

Case 10.—A girl of 12 had always been delicate, but the parents do not remember her having had the itch, or other eruptive diseases during infancy. In her second year she was afflicted with tearing pains in her ears, which were treated with embrocations

of tartar emetic ointment. The pains in the ears ceased upon this, but the edges of the eyelids began to swell, and a thick scab to form upon them. This has sometimes fallen off, but soon been formed again, and thus she has been going on ever since, afflicted with this chronic inflammation. Various collyria had been the only remedies thus far used; but all in vain. On the 20th of February I took charge of her with the following symptoms: frequent blinking, the edges of the eyelids swollen and inflamed, sticking together during the night; smarting in the eyes and lachrymation, the conjunctiva of the eye affected, contracted pupils, sensitiveness to light, frequent buzzing sounds in the ears, and eruption behind them, scabs under the nose, somewhat obstructed deglutition, as if the pharynx were narrowed, dryness in the mouth, enlarged glands on both sides of the neck, frequent tenesmus, solid stools but not daily, uneasy sleep, particularly before midnight, disinclination to work or move about, peevishness.

All these symptoms clearly indicated *Bell.* which I gave February 21. In three weeks there was already a manifest improvement; the blinking had ceased, the eyeballs were less inflamed, the sensitiveness to light almost entirely removed, deglutition natural,

glands softer, though not diminished in size, sleep more quiet and less peevishness. All the other symptoms had remained the same.

On the 15th of March I ordered *Baryta acet.* 3*d*, one grain and a half at a dose, which I allowed to act five weeks, when I found the case to stand thus:—the eruption behind the ear, and the scab under the nose were gone, the glands on the neck had grown one-half smaller, dryness in the mouth had disappeared, but the eyelids were still inflamed, and the bowels did not move daily, though the desire to do so was frequent.

On the 18th of April I gave *Sulph.* 3*d*, two grains and a half, which completely removed the remaining symptoms, and enabled me to discharge the patient as entirely cured four weeks after.

Ophthalmia arthritica.

Case 11.—A man of 63, subject to hæmorrhoids, had caught cold and suffered with a severe inflammation of the eyes in consequence, one of which was thereby rendered quite blind. The cornea was obscured and perforated, the iris prolapsed and adhering to the inner surface of the cornea, inflammation of the ball of the eye, and violent darting pains in the eye and temple, aggravated by motion and exposure to the fresh air. Several allopathic means had failed.

The pains which he suffered induced the patient to apply to me on the 25th of July. He complained besides of sensations of tearing in the limbs, obstinate constipation, pains in the sacrum and itching in the anus. His diet was well regulated. I gave him *Nux vom.* one dose every evening at bed-time. A week after he called, and told me that the pains had abated after the first powder, and that his bowels were now regular.

Case 12.—A gentleman, who was suddenly seized with a violent inflammation of the eyes, consulted a surgeon, who applied leeches, and pursued the usual antiphlogistic treatment. The disease baffled all his skill however, and the patient put himself into the hands of a celebrated oculist in a neighboring place. He remained with him four weeks without any benefit, and then tried another, who after a time was also dismissed. Meanwhile, the sight of one eye was totally gone, and its organization destroyed. He then came to me. I found all the symptoms of arthritic ophthalmia. Besides this, an almost constant, sharp headache, which had existed already before the full development of the ophthalmia; burning, cutting pains in the right eye, which was still undestroyed, congestion to the head, and a profuse discharge of an acrid secretion from both eyes. These symptoms of the head

evidently had a common origin wih the ophthalmia, and having previously cured headache of this nature with tinc. of Colocynth, I prescribed this remedy: two drops of the tincture in a little water every three hours internally; and externally, an Empl. citrin. with tartar emetic on the back of the neck. Before the latter had had time to raise pustules, the fearful headache was gone, and the pains in the eye had also materially decreased. I reduced the dose to one drop, and after continuing the medicine for a week longer, I had conquered the disease. The inflammation vanished, and I had saved the sight of the right eye. The patient has continued well since. The allopathic proverb, *cessant causa, cessat effectus*, which the ardent Hahnemannists regard too little, has proved true in this case; and it is very fortunate, that in our ranks the number of those who duly consider the connection between symptoms and causes is on the increase.

Ophthalmia metastatica.

Case 13.—A young man of 18, poorly nourished, middling size, and of leucophlegmatic appearance, had had, two months since, two large ulcers (no doubt caused by suppressed itch) on his nates, which were very rapidly cured; but shortly

after he was seized with a violent inflammation of the right eye, which a surgeon treated antiphlogistically and by derivatives, and which resulted a few weeks after in leucomatose degeneration, and perforation of the cornea, prolapsus of the iris, and total loss of vision in that eye. Some time later the same difficulty made its appearance on the other eye, when I was sent for, and found an equally-diffused bright redness of the sclerotica, occasional varicose vascular bundles on the conjunctiva bulbi, a blue ring around a slight opacity of the cornea, the pupil contracted and immovable. At the same time acrid lachrymation, photophobia, and violent tearing pains in the supra-orbital and temporal regions, and likewise in the eyeball, exacerbated in the evening and at night. Further, slight febrile symptoms, impaired appetite, increased thirst, normal state of the bowels. Leeches, blisters, and dry bran poultices had been applied ineffectually. I gave at first daily, and afterwards every second day, one drop of *Spirit. sulph.* After the first powder the pain lessened, and in three weeks I entirely cured the eye.

Ophthalmia traumatica.

Case 14.—A boy of 16 injured the ball of his left eye with the point of a slate-pencil in such a way, that in spite of immediate and

active antiphlogistic treatment, a violent inflammation of the whole eye followed, together with dimness and staphylomatose degeneration of the cornea, contraction of the pupil, and opacity of the lens. Four weeks after the accident he came to consult me on account of continued inflammation, constant, darting, boring pains in the eye and forehead, increasing from midnight till six in the morning to an almost intolerable degree. For two days I ordered fomentations of Arnica tincture on the eye, and seeing no benefit arise from this, I gave internally *Rhus.* (dil. 1., gutt. vj. in alcohol vin., dr. 1½), two drops in a tumblerful of water, to be taken three times a day, with so admirable a result, that during the following night the pains did not increase, and totally left him in the course of next day. The inflammation terminated in resolution, by the continuance of the same remedy at longer intervals during several weeks. The recovery of vision was of course out of the question.

Amaurosis incipiens.

Case 15.—A man over 50, tall, lean, and of hectic constitution, was, without any imaginable cause, attacked by a severe headache a few weeks before Christmas, followed by general *malaise*, and finally, by a violent inflammation of the left eye, against which he

used various external means, which partially reduced both the pains and inflammation. But as the latter decreased, he noticed a gradual loss of vision, accompanied by an appearance of fiery circles and balls. On the 20th of January I was consulted, and found him without any pain, but complaining of nearly total blindness in the left, and impaired vision of the right eye, with frequent lachrymation of both particularly if exposed to the wind and strong light; he could not thread a needle, the cornea of the left eye was partially dim and opaque, and the pupil of the same eye greyish-white, otherwise, all the functions were in a normal state. He is of a melancholy disposition.

Treatment and result. The symptoms appeared to me so much like those of *P. Isatidis*, that I administered this remedy in the third potence, the complaint having taken deep root. On the 31st of January I found his vision in the right eye perfectly restored, but the left seemed to him to be veiled, although he could see sufficiently to thread a needle and to sew. One drop of *Euphrasia* removed all the difficulty in this eye also.

CASE 16.—A boy of 9 years of age had from infancy been afflicted with such weakness of the eyes, that he could distinguish only such objects as were quite near to him. The parents had become accustomed to this

short-sightedness, and the boy had been going to school for two years past. His teacher remarked, however, that the boy's eyes were constantly growing weaker, that in reading he held the book nearer and nearer to the eyes, and this short-sightedness continued to increase, until it became amaurosis incipiens, manifesting itself chiefly on the left eye, and to such a degree, that in broad daylight he could not distinguish the large letters of the alphabet, though holding the book close to his eyes.

I gave him Phosph. 10, on the 13th of February, and on the 18th his sight was so much improved, that he could read the sign of a shop on the opposite side of the street. I cured him entirely with this remedy.—Dr. D. Schwarz.

Case 17.—A woman, 48 years old, who twenty-four years previously had had the itch, had suffered for four months with very violent tearing pains in the forehead, especially on the left side. During the last week, however, this pain had very much abated, but since then it has seemed to her as if some fine feathers were hanging on the upper eyelid, which she had in vain tried to remove. During the last three days they seemed to be gone, and now (January 18) the woman can only distinguish day and night, and such large objects as a table, or

stove, etc. Latterly, the pain in the head has totally disappeared, but she complains of tearing and burning pains in the eye, especially when she tries to see with it. The conjunctiva is somewhat reddened.

I gave her one drop of Tinc. sulph. Thirty-six hours afterwards she had no more pains, and the eyesight was better. On the third day she was able to distinguish smaller objects, such as knives and forks; on the 10th the cornea had resumed its previous clearness. At the commencement of March I saw her again, and found her eyes in a perfect condition.

CASE 18.—A lady, past 40, and who did not menstruate any more, was seized suddenly, and without any apparent cause, with a violent inflammation of the right eye, and a year later with the same on the left. Each time she had a fortnight afterwards tearing pains on the same side with the affected eye, which continued for a considerable time. She does not recollect ever having had any eruptive disease, but since her eyes became affected, she has had a great deal of itching of the skin.

She had been under the care of allopathic physicians, who pronounced her complaint to be gout, and treated her accordingly, but without any benefit. Part of her head was shaved, and a corroding ointment applied to

the part, smarting drops of some liquid were introduced into the eye, a seton applied to the back of the neck, etc, but all proved fruitless; on the contrary, the evil, amaurosis, gained ground. On the 23d of May I was called.

I found the eyes but little inflamed, but the eyelids, especially the right, were a little reddened and swollen, which was increased by exposure to cold wind.

A purulent mucus is secreted by the right eye, formerly the lids became glued together during the night.

The left eye was formerly very painful, now not at all, but in the outer angle of the right eye she experiences a throbbing pain.

Her powers of vision very much impaired, especially on the left eye, with which she can hardly see at all; and with the right eye she seems to look through a thick veil. The pupil is clear. Occasionally she has a dull headache, a constant pain in one eyetooth, and when biting hard, also pain on the right side of the upper jaw-bone, frequent drawing pains, heat, and swelling about the right eye.

Sleep disturbed. Appetite and bowels natural.

July 3. I gave *Calc. carb.* vj. Ten days after she could see better. I then gave *Silicea*, viij.

August 31. The left eye has very much improved, the right eye remains the same. She complains of a noise in the head like that of wind, extending into the cheeks, and causing a dragging sensation under the right eye. I gave *Acid. nitri.* viij.

Oct. 12. Powers of vision improved. Noise and burning sensation in the head continue. *Phosph.* viij.

Nov. 19. No further improvement in the power of vision. Noise in the head gone. Easterly wind causes a tearing sensation in the whole head. I gave *Petroleum* iv.

Jan. 6. Sight remains the same. Change of weather causes tearing pain and noise in the head. *Caust.* vj.

Feb. 20. Head symptoms the same. She sees better. *Silicea* vj.

April 12. She can see so much better, that she is able to read large print, and to distinguish trees at a distance of 200 or 300 steps. The tearing sensation in the head, particularly on the right side, is still very painful, especially when the weather changes. This time I gave her no medicine, but on

May 13. She received *Caust.* viij., upon which her sight has gradually improved, and now

Dec. 14. She is able to use her eyes for all her domestic duties, and declines further treatment.—Dr. Hartlaub.

Cataract.

Case 19.—In the spring of 1841, a lady, æt. 60, applied for homœopathic treatment, and came to my notice under the following circumstances:—She had for two or three years past gradually lost the sight, first of one eye, and then of the other, both affected with cataracts, which were now complete, and for some months the sight had been entirely lost. Mons. Maunoir, whose name is authority in such matters, had advised that the operation should be performed as soon as the season became favorable; he considered the case to be one of complete and ripe cataract of the lens. However, the lady being strongly advised by her friends to seek homœopathic aid, and as she could not better employ the intermediate time until the operation could take place, she called in an old homœopathic practitioner, whom I joined later. He prescribed *Silic.*, then *Cann. sat.*, and then *Sulph.*, and the cataract improved so rapidly, that the patient, after a few months' treatment, travelled to a distant country, Russia, from whence she wrote to me that her sight having continued to improve, she was now enjoying it as completely as she could expect at her age. —Dr. H. V. Malan.

Case 20.—In November, 1844, a man of

strong constitution and lymphatic temperament, æt. 51, applied to me under the following circumstances:—He has had a cataract on the right eye, ripe already for some years, and one on the left, which has been ripe only a few months. Mons. Maunoir has operated on the right eye three times, but without any success; the third operation took place four weeks ago. Ever since the patient has suffered from a violent inflammation of the whole eye; the sclerotica is much injected, the cornea opaque; there is great photophobia, a constant discharge of tears, and a complete loss of sight. Besides, the eyeball has partially emptied itself, the patient has lost his appetite, there is great thirst and much fever.

I prescribed *Acon.* 5°°°, pulv. ij., and the next day *Bell.* 20°°°, a tea-spoonful three times a day until amelioration.

On the 15th of November there was a great change, but the cornea remained opaque, the eyeball partly shrunk, and the patient was made aware of the complete loss of that eye. *Merc. sol.* 15°°°.

Nov. 22. All the inflammatory symptoms of the right eye have disappeared; the left one presents a thick whitish opacity of the lens; the pupil is dilated but mobile. The patient has certainly lost the sight of the right eye, and with the left he can only

distinguish day from night, but is unable to guide himself. He is led about by his servant. Sulph. 30°°°, was given dry on the tongue.

Dec. 7. There is much amelioration of symptoms, even of both eyes; the opacity of the right one has sensibly diminished in appearance; he can distinguish the fingers of the hand interposed between him and the light; and with the left eye he can distinguish the difference between some coins. Nothing was given.

Dec. 25. Amelioration continues in the left eye, the right remaining in the same state. He goes about to his affairs, drives his own gig, walks alone, and attends to all his business. A pustular eruption, accompanied with much itching, covers the whole body. He is given *Cann.* 15°°°, and the sight continued to improve until he left off treatment, as he thought himself far enough recovered to need no further medical care. I met with the patient seven months afterwards; he was still enjoying his sight and health.—Dr. H. V. Malan.

Case 21.—December 21. A man, 41, living in the country, of bilious temperament, thin, and who had suffered much from headache, applied to me. He complains for the last six years of a whitish hard cataract of the lens of the left eye, and has for some

years past completely lost the sight of that eye. He had the itch twenty years ago, and kept it three months.

Sulph. 30°°°, removed chronic headache and an inflamed state of the eyes.

Jan. 23. *Silic.* 30°°°, was given. Not much change occurred till *Sulph.* 30°°°, was repeated. On the 24th of February a violent itching came on, particularly when undressing at night; and all over his body an eruption of small pustules ensued. From that time the eye began to amend. He could distinguish the fingers of the hand, and gradually see objects more clearly; but having left the country, I was unable to follow this interesting case.—Dr. H. V. Malan.

THE END.

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